

Case Number:	CM14-0201992		
Date Assigned:	12/12/2014	Date of Injury:	11/29/2013
Decision Date:	01/30/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40-year-old woman who sustained a work-related injury on November 29, 2013. Subsequently, the patient developed chronic shoulder, elbow, and hand pain. According to a progress report dated October 30, 2014, the patient complained of right shoulder, arm, elbow, wrist, and hand pain. The pain was associated with tingling, numbness, and weakness of the right arm. The patient rated the level of her pain as a 9/10. Objective findings include: full range of motion of the cervical spine; no tenderness or masses palpated on the cervical spine; there was negative Spurling maneuver. There was tenderness over the anterior aspect of the right shoulder. There was negative Hawkin's test. The drop arm test, Yergason's test, and cross arm adduction test were negative. There was normal range of motion with tenderness over the lateral epicondyle. There was tenderness over the ulnar aspect of the right wrist. There was a positive Tinel's sign. The bilateral upper extremity strength was normal with the exception of 4/5 on the right elbow extension and right grip strength. The sensation was normal and reflexes were symmetrical at 1+/4 in the bilateral extremities. The patient was diagnosed with lateral epicondylitis, carpal tunnel syndrome, and sprain of shoulder and upper arm. The provider requested authorization for Methyl salicylate 15%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Methyl salicylate 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Methyl salicylate contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Methyl salicylate 15% is not medically necessary.